

**SECRET**

Approved For Release 2001/11/16 : CIA-RDP57-00384R000500100177-3

## ROUTING AND RECORD SHEET

|        |
|--------|
| 2-5400 |
|--------|

**INSTRUCTIONS:** Officer designations should be used in the "TO" column. Under each comment a line should be drawn across sheet and each comment numbered to correspond with the number in the "TO" column. Each officer should initial (check mark insufficient) before further routing. This Routing and Record Sheet should be returned to Registry.

|                                       |                             |
|---------------------------------------|-----------------------------|
| <b>FROM:</b><br><br>Acting Chief, TSS | <b>NO.</b>                  |
|                                       | <b>DATE</b> 29 January 1952 |

| TO                                                | ROOM NO. | DATE  |       | OFFICER'S INITIALS | COMMENTS |
|---------------------------------------------------|----------|-------|-------|--------------------|----------|
|                                                   |          | REC'D | FWD'D |                    |          |
| 1. Deputy Director,<br>(Administration) 223 Admin |          |       |       |                    |          |
| 2.                                                |          |       |       |                    |          |
| 3.                                                |          |       |       |                    |          |
| 4.                                                |          |       |       |                    |          |
| 5.                                                |          |       |       |                    |          |
| 6.                                                |          |       |       |                    |          |
| 7.                                                |          |       |       |                    |          |
| 8.                                                |          |       |       |                    |          |
| 9.                                                |          |       |       |                    |          |
| 10.                                               |          |       |       |                    |          |
| 11.                                               |          |       |       |                    |          |
| 12.                                               |          |       |       |                    |          |
| 13.                                               |          |       |       |                    |          |
| 14.                                               |          |       |       |                    |          |
| 15.                                               |          |       |       |                    |          |

**SECRET**

| UNCLASSIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | RESTRICTED |         | CONFIDENTIAL |  | <u>SECRET</u> |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|---------|--------------|--|---------------|--|
| (SENDER WILL CIRCLE CLASSIFICATION TOP AND BOTTOM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |            |         |              |  |               |  |
| <b>CENTRAL INTELLIGENCE AGENCY</b><br><b>OFFICIAL ROUTING SLIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |            |         |              |  |               |  |
| <i>LS-1244</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |            |         |              |  |               |  |
| TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 | INITIALS   | DATE    |              |  |               |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | General Counsel |            |         |              |  |               |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |            |         |              |  |               |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |            |         |              |  |               |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |            |         |              |  |               |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |            |         |              |  |               |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | INITIALS   | DATE    |              |  |               |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ADD/A           |            | 1/31/52 |              |  |               |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |            |         |              |  |               |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |            |         |              |  |               |  |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> APPROVAL</div> <div style="width: 33%;"><input type="checkbox"/> INFORMATION</div> <div style="width: 33%;"><input type="checkbox"/> SIGNATURE</div> <div style="width: 33%;"><input checked="" type="checkbox"/> ACTION</div> <div style="width: 33%;"><input type="checkbox"/> DIRECT REPLY</div> <div style="width: 33%;"><input type="checkbox"/> RETURN</div> <div style="width: 33%;"><input type="checkbox"/> COMMENT</div> <div style="width: 33%;"><input type="checkbox"/> PREPARATION OF REPLY</div> <div style="width: 33%;"><input type="checkbox"/> DISPATCH</div> <div style="width: 33%;"><input type="checkbox"/> CONCURRENCE</div> <div style="width: 33%;"><input type="checkbox"/> RECOMMENDATION</div> <div style="width: 33%;"><input type="checkbox"/> FILE</div> </div> <p style="margin-top: 10px;">REMARKS:</p> |                 |            |         |              |  |               |  |
| <u>SECRET</u> CONFIDENTIAL    RESTRICTED    UNCLASSIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |            |         |              |  |               |  |
| FORM NO. 30-4<br>SEP 1947                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |            |         |              |  |               |  |

As I understand it  
I have to the Sen. Council  
what actions to take on this  
would appreciate your  
Comments with consideration  
to CIA Reg. [REDACTED]  
Para L(2) — and the  
fact that our record  
is not very good

SKW  
31 Jan 52

Please note date of  
1st Sept date

over


25X1A

H. K. W.  
"Everybody" is too busy  
for Jury service.  
Therefore nobody gets  
excused from such  
service! HP

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                                    |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|--------|-----------------------------------|--------------------------------------|------------------------------------|---------------------------------|---------------------------------------|---------------------------------|----------------------------------|-----------------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------------|-------------------------------|
| UNCLASSIFIED    RESTRICTED    CONFIDENTIAL <b>SECRET</b><br><small>(SENDER WILL CIRCLE CLASSIFICATION TOP AND BOTTOM)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                    |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| CENTRAL INTELLIGENCE AGENCY<br>OFFICIAL ROUTING SLIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                    |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | INITIALS                           | DATE   |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Chief TSS                                     | FEB 1 1952                         |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                    |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                    |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                    |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                    |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               | INITIALS                           | DATE   |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADDA                                          | [Signature]                        | 2/1/52 |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                    |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                    |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> APPROVAL</td> <td><input type="checkbox"/> INFORMATION</td> <td><input type="checkbox"/> SIGNATURE</td> </tr> <tr> <td><input type="checkbox"/> ACTION</td> <td><input type="checkbox"/> DIRECT REPLY</td> <td><input type="checkbox"/> RETURN</td> </tr> <tr> <td><input type="checkbox"/> COMMENT</td> <td><input type="checkbox"/> PREPARATION OF REPLY</td> <td><input type="checkbox"/> DISPATCH</td> </tr> <tr> <td><input type="checkbox"/> CONCURRENCE</td> <td><input type="checkbox"/> RECOMMENDATION</td> <td><input type="checkbox"/> FILE</td> </tr> </table> <p>REMARKS: <i>It does not appear that we can request that Mr. [REDACTED] be excused from jury duty and comply with the spirit of legislation on the subject.</i></p> |                                               |                                    |        | <input type="checkbox"/> APPROVAL | <input type="checkbox"/> INFORMATION | <input type="checkbox"/> SIGNATURE | <input type="checkbox"/> ACTION | <input type="checkbox"/> DIRECT REPLY | <input type="checkbox"/> RETURN | <input type="checkbox"/> COMMENT | <input type="checkbox"/> PREPARATION OF REPLY | <input type="checkbox"/> DISPATCH | <input type="checkbox"/> CONCURRENCE | <input type="checkbox"/> RECOMMENDATION | <input type="checkbox"/> FILE |
| <input type="checkbox"/> APPROVAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> INFORMATION          | <input type="checkbox"/> SIGNATURE |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| <input type="checkbox"/> ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> DIRECT REPLY         | <input type="checkbox"/> RETURN    |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| <input type="checkbox"/> COMMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> PREPARATION OF REPLY | <input type="checkbox"/> DISPATCH  |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| <input type="checkbox"/> CONCURRENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> RECOMMENDATION       | <input type="checkbox"/> FILE      |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |
| SECRET    CONFIDENTIAL    RESTRICTED    UNCLASSIFIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                    |        |                                   |                                      |                                    |                                 |                                       |                                 |                                  |                                               |                                   |                                      |                                         |                               |

FORM NO. 30-4  
SEP 1947

25X1A

| TRANSMITTAL SLIP          |                                                                                     |           |
|---------------------------|-------------------------------------------------------------------------------------|-----------|
| 45-1244<br>(DATE)         |                                                                                     |           |
| TO:                       |  |           |
| BUILDING                  |                                                                                     |           |
| REMARK                    |                                                                                     |           |
| Room 317<br>- South -     |                                                                                     |           |
| FROM:                     |                                                                                     |           |
| BUILDING                  | ROOM NO.                                                                            | EXTENSION |
| FORM NO. 36-8<br>SEP 1946 |                                                                                     |           |

25X1A

TAB

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